United States Of America

Bepartment of Transportation - Federal Abiation Administration

Supplemental Type Certificate

Number SA7595SW

This Certificate issued to

AAR Airframe and Accessories Group Inc. an Illinois Corporation DBA AAR Aircraft Services Oklahoma an Oklahoma Corporation 6611 South Meridian Oklahoma City, OK 73159-1104

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 21.29 of the Federal Aviation Regulations. and Part 23 of the Federal Aviation Regulations.

Original Product Type Certificate Number:

British Aerospace

Model: 3201

Description of Type Design Change:

Installation of a freon air conditioning system in accordance with AAR Drawing List 14L006, Revision D, dated December 10, 1990, or later FAA approved Revision.

Limitations and Conditions:

FAA Approved Flight Manual Supplement, Revision A, dated November 23, 1990, or later FAA approved revision is required. Compatibility of this modification with previously installed equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: January 17, 1989

Date reissued: 10/28/98; 12/13/00

Date of issuance May 10, 1989

Date amended: 12/14/90 Rev. 1

By direction of the Administrator

(Signature)

S. Frances Cox Manager Special Certification Office Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate. The FAA will reissue the certificate in the name of the transferee and forward it to him. TRANSFER ENDORSEMENT Transfer the ownership of Supplemental Type Certificate Number ______ to (Name of transferee)_____ (Address of transferee) (Number and street) (City, State, and ZIP code) from (Name of grantor) (Print or type) (Address of grantor) (City, State, and ZIP code) Extent of Authority (if licensing agreement):

Date of Transfer:

Signature of grantor (In ink):